



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE  
CORPORATIONS DIVISION  
2016 APR 14 PM 12:17

**Profit Corporation Annual Report for the year: 2016**

Filing period: January 1 - March 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number <b>66922</b>		2. Exact name of the Corporation <b>Patrick's Pub Inc.</b>			
3. Principal Office Address <b>381 Smith Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
4. Business Phone Number <b>401-751-1553</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To engage in dispensing of alcoholic &amp; non-alcoholic beverages and food. Operating as a bar and restaurant.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Patrick T. Griffin</b>			Vice-President Name <b>Patrick T. Griffin</b>		
Street Address <b>52 LaSalle Drive</b>			Street Address <b>52 LaSalle Drive</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>400</b>	<b>CNP</b>	<b>0</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>PATRICK T. GRIFFIN PRESIDENT</b>					Date <b>4/14/16</b>
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

FILED

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By A. 9722914